

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055932	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/15/2025
NAME OF PROVIDER OR SUPPLIER  Four Seasons Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  5335 Laurel Canyon Blvd. North Hollywood, CA 91607	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0770  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to provide laboratory (lab) services for one of four sampled residents (Resident 1) on 10/4/2023. On 10/4/2023, Resident 1 was discharged without the ordered labs being completed. This deficient practice had the potential for a delay in Resident 1's care.</p> <p>Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 9/16/2023 with diagnoses including anemia (a condition where the body does not have enough healthy red blood cells), dysphagia (difficulty swallowing), and cognitive communication deficit. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 9/23/2023, the MDS indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 required extensive assistance (resident involved in activity, staff provide weight bearing support) with bed mobility, transfer, walking in room and in corridor, dressing, eating, toileting and personal hygiene. During a review of Resident 1's Physician Orders, dated 10/3/2023 at 8:02 p.m., the Physician Orders indicated a fecal occult blood test (FOBT- which checks stool for tiny amounts of blood from the digestive tract that may signal conditions like polyps, ulcers, or colorectal cancer) times two one-time only. During a review of Resident 1's Change in Condition (COC) Evaluation, dated 10/3/2023 at 8:15 p.m., the COC Evaluation indicated Resident 1 passed out soft brownish stool with small amount of reddish blood. The COC indicated at around 8:15 p.m. Resident 1 passed out soft brownish stool with small amount of bright reddish blood. Resident 1 was alert, verbally responsive, not in respiratory distress, vital signs stable, afebrile, denied any pain, and had no other complaints. At 8:20 p.m. the Medical Doctor (MD) was notified and ordered for Complete Blood Count (CBC- is a common blood test that measures the number and types of cells in your blood, including red blood cells [which carry oxygen], white blood cells [which fight infection], and platelets [which help with blood clotting]), stool analysis for occult blood (blood that is hidden and cannot be seen with the naked eye), and to hold anticoagulant medications. During a review of Resident 1's Laboratory (Lab) 1 results, the Lab 1 results indicated labs were drawn on 10/3/2023 at 8:45 p.m. and lab results were reported on 10/3/2023 at 10:54 p.m. The labs indicated Resident 1's hemoglobin (HGB- the protein found in red blood cells that carries oxygen from your lungs to the rest of your body and carries carbon dioxide waste back to the lungs to be exhaled) was 7.2 (normal range 11.0 to 18 grams per deciliter [g/dL- unit of measurement]) and hematocrit (HCT- measurement of the percentage of your blood that is red blood cells) 24.2% (normal range 35-52%). During a review of Resident 1's COC Evaluation, dated 10/3/2023 at 11:57 p.m., the COC Evaluation indicated Resident 1 had low HGB 7.2 g/dL and low HCT 24.2%. The COC indicated an order for Resident 1 to get STAT (immediately) CBC at 10:55 p.m. and left a voicemail message. During a review of Resident 1's Progress Notes, dated 10/4/2023 at 12 a.m., the Progress Notes indicated staff notified MD with order to repeat HGB and HCT (H/H) level which were carried out. During a review of Resident 1's Progress Notes, dated 10/4/2023 at 8:37 a.m., the Progress Notes indicated Lab 1, phlebotomist did not come on 10/4/2023 and facility staff called Lab 1 for STAT H/H. Per conversation at 12 a.m. with MD, no transfer to the hospital to recheck for H/H. During a review of Resident 1's Progress Notes dated 10/4/2023 at 8:46 a.m., the Progress Notes indicated received a call from MD that resident (Resident 1) will not have a blood transfusion if HGB result was above 7 g/dL. The Progress Notes indicated that staff notified MD re STAT order for H/H phlebotomist was still pending. During a review of Resident 1's COC dated 10/4/2023 at 2:44 p.m., the COC indicated Resident 1 was transferred to the General Acute Care Hospital (GACH) per Resident 1's request. The COC indicated Resident 1 was noted with episode of blood in stool, MD was made aware and ordered STAT H/H. The COC indicated Family Member (FM) 2 was made aware and persistently requested to send out Resident 1 to the GACH at 10:05 a.m. During a review of Resident 1's Lab 1 results dated 10/4/2023, the Lab 1 results indicated test for H/H, Resident 1 was in the hospital. The Lab 1 results were reported on 10/4/2023 at 9:19 p.m. During a review of Resident 1's Lab 1 results dated 10/4/2023, the Lab 1 results indicated lab results were reported on 10/4/2023 at 11:01 p.m. and the labs result was Resident 1 was positive for occult blood. During a concurrent interview and record review with Director of Nursing (DON) on 9/15/2025 at 4:15 p.m., Resident 1's COC, Progress Notes, and Physician Orders dated 10/31/2023 were reviewed. The DON stated the MD ordered FOBT one time which includes occult blood and CBC. The DON reviewed progress note dated 10/4/2023 and stated indicates Lab 1 phlebotomist did not come on 10/4/2023. The DON reviewed Resident 1's orders and the DON stated there was no order for the repeat H/H MD ordered on 10/4/23. The DON stated when MDs order STAT labs it is to ensure the results</p>		